LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

TB Times

Shirley Fannin, M.D.
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March 2000 Volume 12 Number 3

A Note From Dr. Davidson

As noted elsewhere in this issue of TB Times, Brenda Ashkar will be retiring after many years of service with the Los Angeles County TB Control Program. Brenda has been one of the most stalwart members of our staff and will be greatly missed. I personally want to thank her for all the help and leadership she has provided during my tenure as TB Controller. Her vast tuberculosis control knowledge and experience will be impossible to replace. We all wish her a happy and productive life after TB!

March 24, 2000 marks another annual milestone in the history of tuberculosis as we again observe World TB Day. Now that the 1999 data is in for Los Angeles County, what can we conclude about this "scourge on humanity?" Is tuberculosis now under control in Los Angeles County? In my opinion the answer is yes. What is the evidence? There has been a yearly decline in the number of cases for 7 consecutive years and a 50% decline since the peak year of 1992. There have been dramatic decreases in the number of cases in the 15 to 34 age range, the homeless, the HIV infected, and in children during this period of time. There has been no increase in the number of cases among persons 65 years of age and older.

Now comes the hard part! Tremendous resources have been needed to reverse the recent tuberculosis epidemic toward control. Eliminating tuberculosis will be much more difficult. It will require a prolonged dedication of effort and continued resources to get the job done. This will require careful and consistent planning.

What do I foresee for the next year or so? We need to better define the changing patterns of infection and disease in the community. We need to evaluate and develop outcome measurements (indicators) appropriate for Los Angeles County in order to direct our resources to the most productive and effective areas in meeting our goals and objectives. We will be helped in this effort by the State TB Control Program through the Tuberculosis Indicators Project (T.I.P). We will need to propose and implement better ways to find active cases as early as possible with a focus on contact investigation. Better ways to identify persons at risk for TB who should be subjects of targeted testing need to be implemented. Treatment of latent TB infection with a greater emphasis on higher risk individuals and better completion of treatment will be necessary. To do a better and more efficient job, it will be necessary for us to fully implement electronic handling of data with provider access and data entry capacity. TB specialty clinics will be essential for a very long time. The need to preserve expertise and improve quality of care for TB patients is closely related to specialty services. In order for this to occur, I believe it will be necessary for specialty services to be maintained at a limited number of critical locations throughout the County. Ideally a model clinic should also be established where collaborative endeavors between TB Control, Community Health Services and Personal Health Services could take place to provide

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Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A.

Current Issues in Tuberculosis and Physician Case Presentations Are Cancelled On April 7, 2000

California Tuberculosis Controllers' Association
Spring 2000 Conference
San Francisco, California
April 6th and 7th

Nursing Intensive - "TB 101"
April 11, 2000
8:00 a.m. - 4:30 p.m.
TB Control Program Office - Room 506A

TB Case Presentations
Hanh Quoc Le, M.D.
April 21, 2000
9:00 a.m. - 11:30 a.m.
TB Control Program Office

professional education and training, pilot projects, clinical research, and special services and consultations in addition to the usual services of a specialty clinic.

What do I see for the long run? If everything remains unchanged, there will be a continuing decline in the number of cases of 5% to 10% per year. In 10 to 20 years TB should be eliminated. What are the chances that everything will remain unchanged? Virtually none! TB will recede into specific subpopulations, some of which will be very difficult to define and reach. It will be increasingly difficult to maintain the appropriate infrastructure and expertise to control TB at the current level. To accelerate the decline most likely will require greater resources than are now being spent since it is likely that the last cases of TB will be very difficult to eliminate. Constant investigation and reevaluation will be necessary to define and understand the disease and its environment. Great flexibility will be necessary in order to allow for redirecting and refocusing programmatic resources. The will to succeed must be sustained against all odds, or elimination will never occur!

Brenda Ashkar Retires

Brenda Bids A Fond Farewell To All Her Co-Workers And Friends

After 26 years and 5 months in TB Control, it is easy to reminisce about the changes that I have seen and the wonderful people I have worked with. I came to TB Control in November, 1973 as a TB Liaison PHN for Rancho Los Amigos Medical Center with Dr. Leo Tepper as our TB Controller. We had 90 inpatients at Rancho then and the patients stayed for months. Therefore, the work pace was slow and we got to know the patients and spend lots of time educating them and playing social worker. The job was great fun and I learned so much about TB.

In Jan. 1975 I transferred to Harbor General Hospital to be the "other" TB LPHN with Mirja Bishop. Dr. Matthew Locks became TB Controller not long after. Mirja and I loved Harbor and both think that it was the best job we ever had. We were ruthless with the residents. If they dared discharge a patient without "public health approval," we verbally harassed them. Mr. Gotch hadn't even thought of his law yet, but we were always ahead of the game. We both were fortunate to attend, in different years, the TB Course at National Jewish Hospital in Denver run by someone we would meet in a few years, Dr. Paul Davidson. We learned so much at this course that those residents actually listened to almost everything we said.

Brenda and Mirja in the "early days"

All good things must come to an end and Mirja and I both promoted. I became one of the Assistant Program Specialists at TB Control which had just moved from 313 to Rancho. This was 1979. I was fortunate to work under a fantastic Program Specialist, Nancy Keller (my mentor) and an equally fabulous fellow APS, Trina Pate. We did our jobs well and quickly, which left time for laughing. We used to come back from lunch laughing so hard that we were once accused of drinking at lunch! In December of 1980, when Trina traded her perfect job with me for a shorter drive and Nancy became the first Refugee Coordinator, Dr. Locks encouraged me to promote to Program Specialist. My first panic attack happened shortly thereafter. In the central office we did all the consultation with public and private sectors, review of reporting forms, ERN Coordination, LPHN supervision, liaison with the L.A. Unified TB Prevention Program, liaison with the private and VA Hospitals and all TB nursing in-services.

Dr. Le Quoc Hanh was a wonderful addition to our program in 1980 with his great knowledge of TB. He served as interim TB Controller when Dr. Locks became Medical Director for Rancho. Dr. Paul Davidson took the TB Controller position in the fall of 1983 bringing his excellent reputation as well as massive C.V. to a multicultural staff. TB Control grew from 3 nurses in the central office plus 5 LPHNs in 1980 to a current staff of 35 nurses which includes staff located off site. During the growing days, I often felt like the old woman in the shoe who had so many children she didn't know what to do. We added Refugee, PMD, HIV, MDR, Infection Control, CBO, External Health, and Health Center APS to the original nursing programs. I have been fortunate to have hired an exceptional group of nurses and clerks who, with rare exceptions, have always exceeded my expectations. Working together we survived the TB epidemic of the early 90s. I want to thank all of the current and former staff of TB Control for their support, assistance, flexibility, and good humor. Every one of you is terrific and I will miss you all. A special thanks to Dr. Annette Nitta for not letting me sit around and contemplate retirement. You don't sit around with Dr. Nitta as your supervisor! To those

of you in health centers, hospitals, schools, and the community, you have taught me so much over the years. Together I feel we are responsible for decreasing the incidence of TB in Los Angeles County

So what will I do as a retiree? My husband and I will start building our house near the Yosemite Valley in June of this year and move there when it's finished. I plan to continue to spread the TB gospel by doing some consulting. Thank you all for giving me a wonderful career. Brenda Ashkar

A Clinical Corner

The TB Times is proud to introduce a new section in this issue, A Clinical Corner. This section will be periodically used to educate and challenge readers about clinical issues. We would like to invite readers to submit their own clinical teasers or questions to us. Submit your challenge, along with the answer of course, to Robert Miodovski at TB Control, 2615 S. Grand Ave., #507, L.A., CA 90007 or via e-mail at rmiodovs@dhs.co.la.ca.us

What's your Final Answer?

The case of the missing womb:

A 75-year-old woman with a long history of having a positive TB skin test (TST) was seen by a gynecologist. She was born in Germany and immigrated to the USA after WWII. A D&C was performed 3 weeks ago, and her post-operative course was complicated by abdominal swelling. Yesterday, the patient underwent a total abdominal hysterectomy; during the procedure, her peritoneum was noted to be studded with lesions that were found to be granulomata on biopsy. Her uterine tissue was also full of granulomata, but samples for AFB cultures were not sent to the mycobacteriology lab. She is afebrile and remains NPO, but will likely be able to start on clear liquids tomorrow. Meanwhile, she has been started on amikacin (AK) and levofloxacin (LEV).

Question #1: What is the most likely diagnosis?

A. Disseminated Coccidioidomycosis
B. TB peritonitis
C. TB of the uterus and peritoneum
D. Sarcoidosis

Question #2: What treatment regimen would you recommend?

A. Continue amikacin and levofloaxacin
B. Add isoniazid and rifampin to the AK and LEV
C. Isoniazid, rifampin, pyrazinamide, and streptomycin
D. INH and RIF intravenously until oral medication is tolerated then pyrazinamide and ethambutol can be added.

**Answers for Clinical Corner on page 5, col.2

The Many Faces Of HIV/AIDS

Many changes in the management of HIV/AIDS have occurred in the last twenty years. There have been several changes in the provision of HIV/AIDS services for Los Angeles County residents. Of particular note, there were approximately fourteen hospices at the height of the epidemic. In the early nineties, there were a total of forty-one hospice and residential facilities. Of those facilities, ranging from Skilled Nursing Facilities and Drug/Alcohol Rehabilitations to Homeless Shelters, there were a total of 445 beds available for those with HIV/AIDS. As of January 2000, there are two hospices left out of the original fourteen. Currently, there are thirty-two hospice and residential facilities. Compared to the original 445 beds, 334 are now available. This represents a 22% decrease in the number of facilities and a 25% decrease in the number of beds available.

As for the HIV clinics, there have been several changes. Four additional clinics have been added to the list of Ryan White-funded HIV clinics. AIDS Healthcare Foundation's Valley Clinic moved to its new site in February 2000. Finally, the clinic formerly known as "The Jeffrey Goodman Special Care Clinic-Century City" has been renamed "The Lambda Medical Group". This particular facility provides ambulatory care services for HIV and non-HIV clients. The clinic has long been known for being a part of the Gay and Lesbian Center and continues to serve the HIV community. The TB/HIV Unit will continue to update this information as it becomes available. Change is a constant in the ever-evolving face of HIV/AIDS.

Since the introduction of fourteen HIV drugs and the "cocktail" regimens, trends have shifted away from the increased demands for Hospice beds in the eighties and early nineties to long term housing. The number of hospitalizations have decreased since 1997. Opportunistic infections that were once commonplace in the early eighties and nineties are now rarities. During the 1980s people were dying in record numbers. Today, however after being diagnosed with HIV/AIDS, more people are living longer. Those infected with HIV are now alive due to the availability of these new medications. Although the number of AIDS deaths have decreased, the number of HIV infections have increased. Those hardest hit are "people of color." Are these changes in the ways we manage HIV/AIDS sufficient to address the various needs and issues concerning the population we serve? Or is there the possibility that this is just the "tip of an iceberg?" More information on this subject will follow in future issues.

Rhena Carusillo, RN

World TB Day

Facts About World Tuberculosis Day, March 24, 2000

World TB Day commemorates the presentation of the discovery of Mycobacterium tuberculosis by Dr. Robert Koch, March 24, 1882, to a group of physicians in Berlin. This year's international theme for World TB Day is *Forging New Partnerships to Fight TB.* Los Angeles County Department of Health Service's TB Control Program has been fostering strong partnerships with local Community-Based Organizations (CBOs) and medical providers for a number of years. The following facts should be used to educate others about the risks of TB and the important need to remain vigilant against this disease both local and internationally.

- Tuberculosis remains a global health threat of epidemic proportion. Tuberculosis kills more youth and adults than any other infectious disease in the world today. It is a bigger killer than malaria and AIDS combined and kills more women than all the combined causes of maternal mortality. It kills 100,000 children each year.

- It is estimated that between now and the year 2020, nearly one billion more people will be newly infected, 200 million will get sick, and 70 million will die from tuberculosis if control is not strengthened.

- An estimated 3.4 million Californians, and possibly 1 million Los Angeles residents, are infected with latent, non-active TB[1] (LTBI). Globally, 1/3rd of the world's population is infected with TB.

- If left untreated for a year one person with active TB can infect as many as 10 to 15 persons.

- Los Angeles residents remain at risk for exposure to tuberculosis. The County of Los Angeles experienced 1,170 active TB cases in 1999.

- Sixty-two percent of TB patients in Los Angeles are between 15 and 54 years of age - the most economically productive years for adults. A patient who is never diagnosed or treated loses on average

a full year of work[2]. In industrialized countries, TB treatment costs around US $2,000 per patient, but rises more than 100-fold to US $250,000 per patient with MDR-TB[2].

- Tuberculosis is both curable and preventable through a prescription drug regimen.

[1] State of California, Department of Health Services (CDHS) Tuberculosis Control Branch
[2] WHO

F.Y.I.

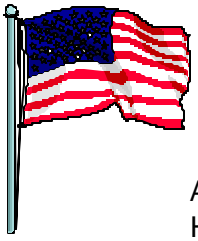
Update On Regional Detention Center

The first out-of-county detention patient admitted to the Inter-Region Detention Center had his order of civil detention lifted on February 29, 2000. The patient was originally admitted to High Desert Hospital by Riverside County, but was subsequently transferred to the Antelope Valley Rehabilitation Centers (AVRC) for additional treatment. The patient successfully completed a substance abuse rehabilitation program at AVRC and was transferred back to Riverside County. Barbara Cole, the Riverside TB Controller, expressed the following about the program: "I am very pleased with the treatment that he received. Placing him there (the Inter-Region Detention Center) not only facilitated his TB treatment but it also allowed us to provide him with the substance abuse treatment that he needed.

Welcome to Dr. Disher

The TB Control Program takes pleasure in welcoming our newest addition to the staff, Anthony C. Disher, M.D. Dr. Disher, a board certified radiologist, will serve as the Program's consulting radiologist and will be based at TB Control Program headquarters and Central Health Center. Dr. Disher earned his medical degree from Meharry Medical College in Nashville, TN. and completed his internship and residency at Los Angeles County King-Drew Medical Center. He is currently Assistant Professor of Radiology at the Charles R. Drew University of Medicine and Science and Associate Clinical Professor in the Department of Radiological Sciences at the UCLA School of Medicine. Dr. Disher is a

member of several professional associations, is the recipient of two research grants awarded by the California Breast Cancer Research Program, and is currently developing a mobile mammography service that is expected to reach a large segment of the County's population. The staff at TB look forward to a long and enjoyable association with Dr. Disher.



President Clinton Speaks About TB

At a recent visit to a TB treatment center in Hyderabad, India, President Bill Clinton spoke on the importance of stopping the TB epidemic. He gave Chaitanya, a 12 year old school girl, the last dose of medicine she should ever have to take for her disease. Afterwards, in his remarks on World Tuberculosis Day he said, "World TB Day marks the day the bacteria which causes TB was discovered 118 years ago. And yet, even though we have this knowledge 118 years later in the year 2000, TB kills more people than ever before. Here in India, almost one person every minute dies from TB.

These are human tragedies and economic calamities. But they are far more than crises for India alone. They are crises for the world. The spread of disease is the one global problem from which no nation is immune. We must strengthen prevention, speed-up research, develop vaccines, and ultimately eliminate these modern plagues from the face of the earth. It can be done, if governments, foundations and the private sector work together."

Proposal For Global TB Fund

The Washington Post reported on March 21, 2000 that U.S. Representatives Sherrod Brown (D-Ohio) and Constance A. Morella (R-Md.) introduced legislation seeking $100 million in U.S. funding for countries with the greatest burden of tuberculosis (TB) cases. The funds would be used to treat TB and prevent drug-resistant strains from spreading. The articles goes on to explain that 95 percent of the TB cases that are not already drug resistant can be treated with a relatively inexpensive antibiotic regimen. However, less than 20 percent of TB patients actually receive the drugs. The funds would be targeted to treat TB and prevent drug-resistant strains from spreading.

TB Times Survey
(A Gentle Reminder)

Last month a readership survey was enclosed with the TB Times newsletter and distributed to our nearly 1,200 readers. We estimate that between five and ten minutes are needed to answer the seventeen questions. Please know that each of your responses is important and that they will provide the editorial board with helpful suggestions for improving the content of future newsletters. We would appreciate your taking a few moments to complete the survey. Please mail or fax it back to:

Robert Miodovski, M.P.H.
Senior Health Educator/Managing Editor
TB Control Program
2615 South Grand Ave. Room 507
Los Angeles, Ca. 90007
Fax: (213) 749-0926

Thank you!

**Answers for Clinical Corner

Answer # 1: (C)
Extrapulmonary TB of the uterus and peritoneum. This diagnosis is supported by the patient's history of being raised in Germany at a time when TB was prevalent there, her positive TST, and the granulomata seen in her uterine and peritoneal tissues.

Answer # 2: (D)
The patient's TST has been positive for years, thus indicating TB infection early in her life. Drug-resistant TB was uncommon in post-WWII Germany since streptomycin, the first effective anti-TB drug, was only discovered in 1944. There fore, based on the patient's history, she most likely has drug sensitive TB that can be treated with first-line anti-TB drugs. I would discontinue AK and LEV, and treat her with i.v. isoniazid (INH) and rifampin (RIF) until she is able to take medications orally. At that time, her treatment can be changed to oral INH and RIF, and pyrazinamide +/- ethambutol can be added. Baseline labs should include a CBC, UA, serum glucose, and LFTs; at least monthly monitoring thereafter is necessary until she completes therapy. Six months of treatment is generally sufficient for uncomplicated extrapulmonary TB.

Annette Nitta, M.D.

Tuberculosis Cases by Health District
Los Angeles County, February 2000
(Provisional Data)

Service Area	Service Area Total Year to Date	Health District	February 2000	February 1999	Year to Date 2000	Year to Date 1999
SPA 1	0	**Antelope Valley**	0	1	0	1
SPA 2	12	**East Valley**	2	4	2	4
		West Valley	5	1	7	5
		Glendale	4	4	4	5
		San Fernando	1	1	1	1
SPA 3	11	**El Monte**	2	2	3	5
		Foothill	0	1	1	1
		Alhambra	6	4	6	5
		Pomona	3	0	3	0
SPA 4	6	**Hollywood**	0	7	3	9
		Central	3	3	4	3
		Northeast	3	2	3	2
SPA 5	1	**West**	1	0	1	0
SPA 6	14	**Compton**	3	2	4	3
		South	4	0	4	1
		Southeast	0	0	1	0
		Southwest	7	4	8	5
SPA 7	9	**Bellflower**	3	3	3	6
		San Antonio	3	4	4	4
		Whittier	1	2	1	4
		East Los Angeles	2	2	2	2
SPA 8	9	**Inglewood**	5	3	5	4
		Harbor	0	0	0	0
		Torrance	4	1	4	1
	0	**Unassigned**	0	0	0	0
	62	**TOTAL**	62	51	74	71

Table 1 TB Cases By Service Plan Are Los Angeles County in 1999

Service Plan Area	Cases	Percent
1: ANTELOPE VALLEY	23	1.97
2: SAN FERNANDO	162	13.85
3: SAN GABRIEL	190	16.24
4: METRO	312	26.67
5: WEST	42	3.59
6: SOUTH	171	14.62
7: EAST	149	12.74
8: SOUTH BAY	106	9.06
UNKNOWN	15	1.28
Total	1170	100.00

Table 2 TB Cases By Health District Los Angeles County in 1999

Health District	Cases	Percent
ALHAMBRA	61	5.21
ANTELOPE VALLEY	23	1.97
BELLFLOWER	44	3.76
CENTRAL	135	11.54
COMPTON	38	3.25
EAST LOS ANGELES	29	2.48
EAST VALLEY	44	3.76
EL MONTE	69	5.90
FOOTHILL	27	2.31
GLENDALE	29	2.48
HARBOR	12	1.03
HOLLYWOOD	108	9.23
INGLEWOOD	50	4.27
NORTHEAST	69	5.90
POMONA	33	2.82
SAN ANTONIO	50	4.27
SAN FERNANDO	29	2.48
SOUTH	34	2.91
SOUTHEAST	28	2.39
SOUTHWEST	71	6.07
TORRANCE	44	3.76
UNKNOWN	15	1.28
WEST	42	3.59
WEST VALLEY	60	5.13
WHITTIER	26	2.22
Total	1170	100.00

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Friday, March 3, 2000
Current Issues in Tuberculosis
Orthopaedic Hospital - 2400 South Flower St.
Los Angeles, CA 9007

8:30 - 9:00 a.m.	Registration and Sign-In (Andrew Norman Hall)
9:00 - 10:00 a.m.	**"Tuberculosis in the Philippines and South Korea"**
	Maria Sacdalan, R.N. and Karen Cho, R.N.
10:00 - 10:15 a.m.	Questions
10:15 - 10:30 a.m.	Break
10:30 - 11:30 a.m.	**TB Case Presentations/Discussions**
	Hanh Quoc Le, M.D., Associate Medical Director, TB Control

Friday, March 17, 2000
Journal Article Review and TB Case Presentations
Tuberculosis Control Program
2615 South Grand Avenue, Room 506A
Los Angeles, CA 90007

8:30 - 9:00 a.m.	Registration and Sign-In
9:00 - 10:00 a.m.	**Journal Article Review and TB Case Presentations**
	Hanh Quoc Le, M.D., Associate Medical Director, TB Control
10:00 - 10:15 a.m.	Break
10:15 - 11:30 a.m.	TB Case Presentation/Discussion (continued)

Course Description: The March 3rd conference will provide an overview of TB Control Program strategies in the Philippines and South Korea and will describe the health care delivery systems of both nations relative to this disease. In part two, difficult or complex cases will be presented for audience review and discussion. On March 17th journal articles will be reviewed and cases presented to enable participants to apply knowledge learned in the course.

Target Audience: March 3:Physicians, Nurses, Health Educators, Community Workers, & Public Health Investigators.
March 17: Physicians

Credit: Participants arriving more than 15 minutes late for a one hour program or 30 minutes or more for a 2 hour program will not be granted a CME certificate.

Physicians: This is an activity offered by the L.A. County Department of Health Services, Public Health Programs and Services, a CMA-accredited provider. Physicians attending this course may report up to two hours of Category 1 credit toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician Recognition Award.

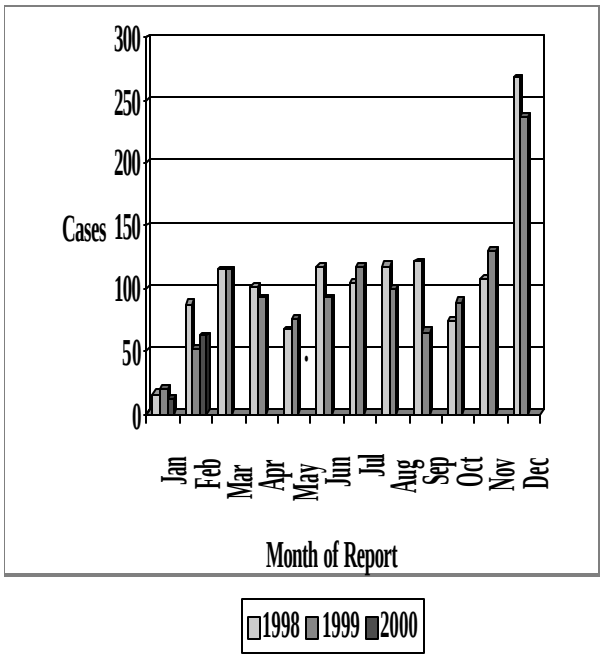
Nurses: CME credits are applicable toward license renewal for registered nurses by the Board of Registered Nursing as category one CME credits. (There is no CME provider number.)

Educational Methods: Educational methods will include lecture, group discussions, case presentations, x-ray review, and question and answer sessions.

Educational Objectives: At the conclusion of this program, participants will be able to . . . . .
1. Describe the major epidemiological trends of TB in South Korea and the Philippines, including factors that influence the incidence of TB and MDR-TB.
2. Relate the standard diagnostic procedures and treatment guidelines for managing TB in both countries.
3. Describe the structure and reporting mechanisms of the Public Health Systems of both countries.
4. Compare patient management strategies between the public and private healthcare sectors of both countries.
5. Apply the latest ATS/CDC recommendations regarding treatment.

THIS PROGRAM IS OFFERED BY AN ACCREDITED CMA-CME PROVIDER AND IS NOT COMMERCIALLY SUPPORTED

Los Angeles County Tuberculosis Control
Tuberculosis Incidence
By Month of Report, 1998-2000



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TB Times is a monthly publication providing information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments, suggestions or address corrections to:

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TB Times

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